United Healthcare

UnitedHealthcare Community Plan

Reimbursement Policy Update Bulletin: August 2026

New			
Policy Title	**State(s)**	**Policy summary**	**Effective Date**
Diabetes Mellitus Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diabetes Mellitus Testing Policy, Professional and Facility. • The policy will limit reimbursement for hemoglobin A1c procedure codes 83036 and 83037 when billed for diabetes mellitus testing to once every three months. • The Diabetes Mellitus Testing Policy, Professional and Facility has been available for review on UnitedHealthcare's website, uhcprovider.com since November 8, 2025.	August 01, 2026
Iron Homeostasis and Metabolism Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the Iron Homeostasis and Metabolism Policy, Professional and Facility. • The policy will not consider reimbursement of certain serum hepcidin testing procedure codes when billed for iron homeostasis and metabolism. • The Iron Homeostasis and Metabolism Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	September 01, 2026
Diagnostic Testing for Influenza Policy, Professional and Facility **Reminder**	Idaho Nebraska	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility.	August 01, 2026

		• The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Diagnostic Testing for Influenza Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Influenza Policy, Professional and Facility. • The policy will consider reimbursement of influenza testing procedure codes only when billed for certain conditions and not consider reimbursement of viral culture and serologic testing procedure codes when billed for influenza. • The Diagnostic Testing for Influenza Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	October 01, 2026
Lyme Disease Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi. • The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Lyme Disease Testing Policy, Professional and Facility **Reminder**	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Lyme Disease Testing Policy, Professional and Facility. • The policy will consider reimbursement of serologic testing procedure codes for Lyme disease testing only when billed for certain conditions and not consider reimbursement of nucleic acid identification techniques (NAAT), direct or amplified probe, when billed for the detection of Borrelia burgdorferi.	October 01, 2026

		• The Lyme Disease Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Flow Cytometry Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. • The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. • Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. • The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Flow Cytometry Policy, Professional and Facility **Reminder**	Nebraska	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the Flow Cytometry Policy, Professional and Facility. • The policy will consider reimbursement of flow cytometry immunophenotyping of cell surface marker procedure codes only when billed for certain conditions. • Additionally, the policy will not consider reimbursement of flow cytometry-derived DNA content (DNA Index) or cell proliferative activity (S-phase fraction or % S-phase) when billed for prognostic or therapeutic purposes in the routine management of cancers. • The Flow Cytometry Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	October 01, 2026
Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility.	August 01, 2026

Reminder		• The policy will consider reimbursement of certain serum lipase concentration procedure codes for the initial determination of acute pancreatitis when billed for certain conditions and limit the frequency of reimbursement to once per week. • The policy will also not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis; not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis; and not consider reimbursement of certain biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis. • The Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	
Fecal Calprotectin Testing Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. • The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. • The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	August 01, 2026
Fecal Calprotectin Testing Policy, Professional and Facility **First Notification**	Idaho	• Effective for dates of service on or after November 1, 2026, UnitedHealthcare Community Plan will implement the Fecal Calprotectin Testing Policy, Professional and Facility. • The policy will consider reimbursement for fecal calprotectin testing only when billed for certain conditions. • The Fecal Calprotectin Testing Policy, Professional and Facility has been available for review on UnitedHealthcare website, uhcprovider.com, since November 8, 2025.	November 01, 2026

Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility **Reminder**	Kentucky Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility. • The new policy will not consider reimbursement for diagnostic testing procedure codes for fecal analysis in suspected or determined intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria. • The Intestinal Dysbiosis and Fecal Microbiota Transplant Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, since February 2, 2026.	August 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. • This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. • The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility **First Notification**	Idaho	• Effective for dates of service on or after November 1, 2026, UnitedHealthcare Community Plan will implement the new Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility. • This new reimbursement policy will limit reimbursement for Bone Turnover Marker Testing procedure codes when billed for Osteoporosis to once every 3 months. • The Bone Turnover Marker Testing of Osteoporosis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	November 01, 2026
Immune Cell Function Assay Policy, Professional and Facility **Reminder**	Indiana Tennessee Virginia	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Immune Cell Function Assay Policy, Professional and Facility.	August 01, 2026

		• This new policy will not consider reimbursement for certain immune cell function assay procedure codes. • The Immune Cell Function Assay Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Autoimmune Rheumatic Disease Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Autoimmune Rheumatic Disease Policy, Professional and Facility. • This new policy will not consider reimbursement for certain antinuclear antibodies (ANA) and extractable nuclear antigen (ENA) testing procedure codes for a general encounter without abnormal findings. • This new policy will also not consider reimbursement of certain procedure codes for the use of cell-bound complement activation products. • In addition, this new policy will not consider reimbursement of certain serum biomarker panel testing procedure codes when submitted for the conditions of systemic lupus erythematosus or connective tissue disease. • The Autoimmune Rheumatic Disease Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Chronic Heart Failure Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026

Chronic Heart Failure Policy, Professional and Facility **Reminder**	Indiana	• Effective for dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	October 01, 2026
Chronic Heart Failure Policy, Professional and Facility **First Notification**	Rhode Island	• Effective for dates of service on or after November 1, 2026, UnitedHealthcare Community Plan will implement the new Chronic Heart Failure Policy, Professional and Facility. • This new policy will not consider reimbursement of the Presage® ST2 Assay procedure code for biomarker testing of chronic heart failure. • The Chronic Heart Failure Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	November 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk. • The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Epithelial Cell Cytology Policy, Professional and Facility **Reminder**	Rhode Island	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the new Epithelial Cell Cytology Policy, Professional and Facility. • This new policy will not consider reimbursement of certain epithelial cell cytology analysis procedure codes for the assessment and management of breast cancer risk.	September 01, 2026

		• The Epithelial Cell Cytology Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	
Intracellular Micronutrient Analysis Policy, Professional and Facility **Reminder**	Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Intracellular Micronutrient Analysis Policy, Professional and Facility. • This new policy will not consider reimbursement of intracellular micronutrient panel testing for certain procedure codes. • The Intracellular Micronutrient Analysis Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Onychomycosis Testing Policy, Professional and Facility **Reminder**	Indiana Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the new Onychomycosis Testing Policy, Professional and Facility. • This new policy will not consider reimbursement of nucleic acid amplification testing (NAAT) procedure codes for individuals with onychomycosis and anti-fungal therapy resolved the infection. • In addition, this new policy will not consider reimbursement of the attenuated total-reflectance fourier transform infrared (ATR-FTIR) spectroscopy procedure code to screen for, determine, or confirm onychomycosis. • The Onychomycosis Testing Policy, Professional and Facility will be available for review on UnitedHealthcare website, uhcprovider.com, on February 2, 2026.	August 01, 2026
Homocysteine Testing for Metabolism Policy, Professional and Facility **Reminder**	Kentucky	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Homocysteine Testing for Metabolism Policy, Professional and Facility. • The policy will consider reimbursement for homocysteine testing procedure code (83090) only for individuals with homocystinuria, vitamin B12 deficiency, or chronic ischemic heart disease. • The Homocysteine Testing for Metabolism Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	August 01, 2026

Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility **Reminder**	Indiana Kentucky Tennessee	• Effective for dates of service on or after August 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. • The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome. • The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	August 01, 2026
Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility **Reminder**	North Carolina	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare Community Plan will implement the Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility. • The policy will not consider reimbursement of certain serologic marker procedure codes for individuals with Crohn's disease, ulcerative colitis, or irritable bowel syndrome. • In addition, the policy will not consider reimbursement for certain diagnostic algorithm-based testing (e.g. ibs-smart™, PredictSURE IBD™ Test, Prometheus® testing) for the determination or monitoring of individuals with irritable bowel syndrome. • The Diagnostic Testing for Inflammatory Bowel Disease Policy, Professional and Facility will be available for review on UnitedHealthcare's website, uhcprovider.com, on April 1, 2026.	September 01, 2026
Testosterone Policy, Professional and Facility **Reminder**	Colorado Michigan New Mexico New York Pennsylvania	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: • Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess	October 01, 2026

		(e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions. • Limit frequency of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. • Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone-binding globulin (SHBG), and/or albumin. • Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. • Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. • Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Testosterone Policy, Professional and Facility **First Notification**	Kansas Massachusetts	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Testosterone Policy, Professional and Facility The new policy will: • Consider reimbursement of serum total testosterone for the monitoring of treatment response in men taking enzyme inhibitors for prostate cancer, gender-dysphoric/gender-incongruent persons (baseline, during treatment, and for therapy monitoring) and symptomatic individuals being evaluated for conditions associated with androgen excess (e.g., polycystic ovary syndrome and functional hypothalamic amenorrhea) and will limit the frequency under certain conditions.	November 01, 2026

		• Limit frequency of serum free testosterone, sex hormone-binding globulin (SHBG), and/or albumin to once annually for males who have hypogonadism, gynecomastia, and/or other forms of testicular hypofunction. • Consider reimbursement of procedures used to calculate bioavailable testosterone for individuals suspected of having a disorder associated with increased or decreased SHBG levels, based on free and total serum testosterone, sex hormone-binding globulin (SHBG), and/or albumin. • Limit frequency of serum estradiol to once per lifetime prior to initiating testosterone therapy in males with gynecomastia. • Consider reimbursement of serum dihydrotestosterone, for the determination of 5-alpha reductase deficiency, in individuals with ambiguous genitalia, hypospadias or microphallus. • Not consider reimbursement of serum total testosterone, free testosterone, and/or bioavailable testosterone for asymptomatic individuals or for individuals with non-specific symptoms. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Allergen Testing Policy, Professional and Facility **Reminder**	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. • Limit frequency of specific IgE in vitro allergy testing to up to twenty allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays.	October 01, 2026

		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Allergen Testing Policy, Professional and Facility **First Notification**	Idaho Kansas	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Allergen Testing Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro serum IgE testing of individuals 20 years of age or older for moderate to severe asthma or signs or symptoms of allergic bronchopulmonary aspergillosis. • Limit frequency of specific IgE in vitro allergy testing to up to twenty allergen specific antibodies per year for individuals 20 years of age or older. • Not consider reimbursement of antigen leukocyte antibody testing (ALCAT), basophil activation flow cytometry testing and in-vitro testing of IgG, IgA, IgM, and/or IgD when billed for signs or symptoms of allergies or in vitro allergen testing using bead-based epitope assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **Reminder**	Colorado Florida Hawaii Michigan New York Rhode Island	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. • Not consider reimbursement of certain other multianalyte assays.	October 01, 2026

		• This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility **First Notification**	Kansas Kentucky New Mexico	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility. The new policy will: • Limit frequency of multianalyte assay testing to once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with hepatitis b, hepatitis c, metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]) or alcoholic hepatitis. • Not consider reimbursement of certain other multianalyte assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026
Vitamin B12 Testing Policy, Professional and Facility **First Notification**	Michigan	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Vitamin B12 Testing Policy, Professional and Facility The new policy will: • Limit frequency of total vitamin B12 testing to once every three months. • Consider reimbursement of homocysteine testing for vitamin B12 deficiency. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	October 01, 2026
In Vitro Chemotherapy	Hawaii Michigan	Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility.	October 01, 2026

Assays Policy, Professional and Facility **Reminder**	New York	The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	
In Vitro Chemotherapy Assays Policy, Professional and Facility **First Notification**	Colorado Florida Massachusetts New Mexico Virginia Wisconsin	Effective for dates of service on or after November 1, 2026, UnitedHealthcare will implement the new In Vitro Chemotherapy Assays Policy, Professional and Facility. The new policy will: • Not consider reimbursement of in vitro chemotherapy sensitive and resistance assays. • This new policy will be available for review on UnitedHealthcare website, uhcprovider.com, on July 8, 2026.	November 01, 2026

Revised			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

Anatomical Modifier Requirement Policy, Professional	Nebraska	Effective with dates of service on or after October 1, 2026, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional to align with the Center for Medicare and Medicaid Services (CMS) requirement that the appropriate laterality and/or anatomical modifiers be applied to surgical and radiological codes.
		• Surgical Codes (10000-69999 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
			October 01, 2026

		• Radiological Codes (70000 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		
		Modifiers play a critical role in medical coding by enhancing clarity and specificity. Submitting the appropriate modifiers to specify the exact area of the body where a procedure was performed helps eliminate the concern of duplicate billing and/or unbundling and helps ensure accurate reimbursement for the services rendered.	

Anatomical Modifier Requirement Policy, Professional	New Jersey
	Texas
		Effective with dates of service on or after September 1, 2026, UnitedHealthcare will enhance the Anatomical Modifier Requirement Policy, Professional to align with the Center for Medicare and Medicaid Services (CMS) requirement that the appropriate laterality and/or anatomical modifiers be applied to surgical and radiological codes.
		
		• Surgical Codes (10000-69999 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
		
		• Radiological Codes (70000 Series)
		  ○ For codes related to a specific digit, the correct anatomical or laterality modifier must be used (FA, F1-F9, TA, T1-T9, LT, RT, 50).
		  ○ For codes not related to a specific digit, the appropriate laterality modifier (LT, RT, 50) must be used when applicable.
			September 01, 2026

		Modifiers play a critical role in medical coding by enhancing clarity and specificity. Submitting the appropriate modifiers to specify the exact area of the body where a procedure was performed helps eliminate the concern of duplicate billing and/or unbundling and helps ensure accurate reimbursement for the services rendered.	
Anesthesia Policy, Professional	Nebraska	• In alignment with CMS, UnitedHealthcare Community Plan will update the Anesthesia Policy, Professional. Effective for claims with dates of service from October 01, 2026, and forward, additional base units for qualifying circumstances codes 99100, 99116, 99135 and 99140 will no longer be included in reimbursement.	October 01, 2026
Anatomical Modifier Requirement Policy, Professional	Nebraska	• Effective with dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will enhance the Anatomical Modifier Requirement Policy, Professional to require the use of appropriate laterality or anatomical modifiers for surgical procedures assigned a bilateral status indicator of 1 on the CMS National Physician Fee Schedule for the claim to be considered for reimbursement. • Claim lines not reported with the appropriate laterality or anatomical modifier (50, LC, LD, LM, RC, RI, E1-E4, FA, F1-F9, LT, RT, TA, T1-T9) will be denied.	October 01, 2026
CCI Editing Policy, Professional and Facility - Reminder	Nebraska	• Effective for dates of service on or after September 01, 2026, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier.	September 01, 2026

		• There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder.
		  ○ 29824 (Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
		  ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair)
		  ○ 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis.	

Global Days Policy, Professional	Kentucky	• Effective for dates of service on or after November 1, 2026, UnitedHealthcare will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing Global Days Policy, Professional to align reimbursement with the CMS-designated intraoperative percentage for claims with modifier 78 appended. • Consistent with CMS, modifier 78 should be reported with procedure codes for treatment of postoperative complications that require a return trip to the operating room. • Currently, when modifier 78 is reported for a procedure having a global days value of 10 or 90, UnitedHealthcare reimburses the intraoperative percentage of the modified procedure at 84% of the allowed amount. • UnitedHealthcare will reimburse all 10 or 90-day global day procedures with modifier 78 appended at the specific CMS-designated intraoperative percentage according to the National Physician Fee Schedule (anywhere between 60-84%), instead of at the highest intraoperative percentage given by CMS of 84%.	November 01, 2026
Molecular Pathology Policy, Professional and Facility	Nebraska	• Effective with dates of service on or after October 01, 2026, UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement.	October 01, 2026

		• The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7.	
Molecular Pathology Policy, Professional and Facility	New Jersey	• Effective with dates of service on or after September 01, 2026, UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. • The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7.	September 01, 2026

Procedure and Place of Service Policy, Professional	Indiana New Jersey	• Effective with dates of service on or after September 1, 2026, UnitedHealthcare will enhance the Procedure and Place of Service Policy, Professional. • According to the CMS National Physician Fee Schedule Relative Value File, the Facility Indicator identified as "NA" indicates that "this procedure is rarely or never performed in the facility setting" by a Physician or Qualified Healthcare Professional. • The enhanced reimbursement policy will not consider for reimbursement CPT or HCPCS codes with a CMS National Physician Fee Schedule Facility NA Indicator of "NA" when billed by a Physician or Qualified Healthcare Professional in a facility place of service 21. The codes may still be considered for reimbursement when billed by the facility.	September 01, 2026
Professional / Technical Component Policy, Professional	Kentucky Tennessee	• Effective for dates of service on or after September 1, 2026, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional. When a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement for the professional component is considered included in the Evaluation and Management (E/M) service. This will occur whether the radiology service is billed globally or with modifier 26. • Effective October 1, 2024, the Professional/Technical Component Policy was enhanced so the interpretation of a radiology service appended with modifier 26 would not be considered for separate reimbursement when reported on the same date of service as an E/M service for the same patient by the same provider unless a copy of the radiology report was attached to support separate reimbursement • With the current enhancement, when a global radiology code is billed on the same date of service as an E/M service for the same patient, by the same individual provider, the global radiology code's professional component will not be considered for separate reimbursement unless a copy of the radiology report is attached to support separate reimbursement. • For example, if an internal medicine provider bills for an E/M service and a global radiology service, the provider would need to submit the report for the professional component of the global radiology service to be considered for separate reimbursement.	September 01, 2026

<table>
<tr><td></td><td></td><td>To help providers submit an interpretation report, a Smart Edit will be implemented which provides additional details regarding the process for submitting the full interpretation report.</td><td></td></tr>
<tr><td>Radiation Therapy – Dosimetry, Simulation/ Devices and Management Policy, Professional and Facility</td><td>Nebraska</td><td>Effective for dates of service on or after October 1, 2026, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility.
Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement.
These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself.
<table>
<tr><th>Procedure Code</th><th>Reimbursable Units</th><th>Descriptions</th><th>Treatment Description</th></tr>
<tr><td>77280</td><td>4</td><td>Therapeutic radiology simulation-aided field setting; simple</td><td>Simulation</td></tr>
<tr><td>77285</td><td>2</td><td>Therapeutic radiology simulation-aided field setting; intermediate</td><td>Simulation</td></tr>
<tr><td>77290</td><td>3</td><td>Therapeutic radiology simulation-aided field setting; complex</td><td>Simulation</td></tr>
<tr><td>77295</td><td>2</td><td>3-dimensional radiotherapy plan, including dose-volume histograms</td><td>3-D Radiotherapy</td></tr>
<tr><td>77300</td><td>10</td><td>Basic radiation dosimetry calculation</td><td>Basic Dosimetry</td></tr>
<tr><td>77301</td><td>5</td><td>Intensity modulated radiotherapy plan, including dose-volume histograms</td><td>IMRT Dose Planning</td></tr>
<tr><td>77332</td><td>10</td><td>Treatment devices, design and construction; simple</td><td>Treatment Devices</td></tr>
<tr><td>77333</td><td>10</td><td>Treatment devices, design and construction; intermediate</td><td>Treatment Devices</td></tr>
<tr><td>77334</td><td>10</td><td>Treatment devices, design and construction; complex</td><td>Treatment Devices</td></tr>
<tr><td>77338</td><td>5</td><td>Multi-leaf collimator (MLC) design and construction per IMRT plan</td><td>MLT Device for IMRT</td></tr>
<tr><td>77427</td><td>9</td><td>Radiation treatment management, 5 treatments</td><td>Radiation Therapy Treatment Mgmt</td></tr>
<tr><td>77431</td><td>1</td><td>Radiation therapy management with complete course of therapy</td><td>Radiation Therapy Treatment Mgmt</td></tr>
<tr><td>77435</td><td>1</td><td>Stereotactic body radiation therapy, treatment management</td><td>Radiation Therapy Treatment Mgmt</td></tr>
</table>
A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends.</td><td>October 01, 2026</td></tr>
<tr><td>Readmission Policy, Facility</td><td>Hawaii</td><td>Effective with claims dates of services on or after September 01, 2026, the Readmission Policy, Facility will be applied to the state of Hawaii.
Consistent with the Centers for Medicare and Medicaid Services (CMS), the UnitedHealthcare Community Plan Readmission Policy, Facility outlines the review process of all Readmissions in an acute care hospital within 30 days of discharge.</td><td>September 01, 2026</td></tr>
</table>

Rebundling Policy, Professional-Reminder	Nebraska	• Effective with dates of service on or after October 1, 2026, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. • UnitedHealthcare's Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable.	October 01, 2026
Rebundling Policy, Professional-Reminder	Nebraska	• Effective with dates of service on or after October 01, 2026, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. • UnitedHealthcare's Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable.	October 01, 2026
Same Day Same Service Policy Professional	Nebraska	• Effective with dates of service on or after October 01, 2026, UnitedHealthcare Community Plan will update the Same Day Same Service Policy, Professional. • The policy will be enhanced to account for the following: o Same Specialty Physician or Other Qualified Health Care Professional Physicians and/or Other Qualified Healthcare Professionals of the same group and same specialty reporting the same federal Tax Identification Number. For qualified health care professionals United may, at times, identify same specialty by related taxonomy codes. o Same Individual Physician or Other Qualified Health Care Professional The same individual rendering health care services, reporting the same National Provider Identifier (NPI). o Taxonomy Code • A taxonomy code is a unique 10-character code that designates your classification and specialization. To find the taxonomy code that most closely describes your provider type, classification, or specialization, use the National Uniform Claim Committee (NUCC) code set list.	October 01, 2026

Vitamin D Testing Policy, Professional	Tennessee	• Effective with dates of service on or after October 1, 2026, UnitedHealthcare Community Plan will expand the Vitamin D Testing Policy, Professional to include facility services. This enhanced policy, Vitamin D Testing Policy Professional and Facility, will integrate the existing guidelines covered by the Vitamin D Testing Policy, Professional and apply it to both professional and facility claims. ○ The updated policy will consider Vitamin D testing for reimbursement when submitted with an appropriate ICD-10 diagnosis and corresponding Vitamin D procedure code from the code lists in the policy for both facility and professional claims. • Vitamin D tests that meet the above criteria will be reimbursed up to four tests per year.	October 01, 2026
Vitamin D Testing Policy, Professional	Kentucky	• Effective with dates of service on or after November 1, 2026, UnitedHealthcare Community Plan will expand the Vitamin D Testing Policy, Professional to include facility services. This enhanced policy, Vitamin D Testing Policy Professional and Facility, will integrate the existing guidelines covered by the Vitamin D Testing Policy, Professional and apply it to both professional and facility claims. ○ The updated policy will consider Vitamin D testing for reimbursement when submitted with an appropriate ICD-10 diagnosis and corresponding Vitamin D procedure code from the code lists in the policy for both facility and professional claims. • Vitamin D tests that meet the above criteria will be reimbursed up to four tests per year.	November 01, 2026

Code Update			
Policy Title	**State(s)**	**Summary of Changes**	**Effective Date**

Reimbursement Policy Code Updates – Multiple Policies	Multiple	In response to Provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.
		• Information regarding these code updates can be found in the history section which is located at the end of the posted policy.
		• Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability.
		• Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets.
		• UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates.
		• Check published policy to determine impact at the state level.
		• The following UnitedHealthcare policies have recently been updated to include code changes:
		  • Add-On Codes, Facility
		  • Add-On Codes, Professional
		  • Allergen Testing Policy, Professional and Facility - RTM
		  • Ambulance Services, Professional
		  • Anatomical Modifier Requirement Policy, Professional
		  • Bilateral Procedures, Facility
		  • Bilateral Procedures, Professional
		  • CCI Editing, Professional
		  • Consultation Services, Professional
		  • Contrast & Radiopharmaceutical Materials, Professional
		  • Device and Skin Substitute Policy, Facility
		  • Diagnosis Code Requirement Policy, Professional and Facility
		  • DME, Orthotics and Prosthetics, Professional
		  • Drug Testing Reimbursement Policy, Professional
		  • Facility Billing
			August 01, 2026

		• From - To Date, Professional • Global Days, Professional • Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility - RTM • In Vitro Chemotherapy Assays, Professional and Facility - RTM • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Modifier Reference, Professional • Molecular Pathology, Professional and Facility • MPPR for Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional • MPPR for Medical and Surgical Services Policy, Professional • New Patient Visit, Professional • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Once in a Lifetime, Professional • One or More Sessions, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Readmission, Facility • Rebundling, Professional • Replacement Codes Policy, Professional • Revenue Codes Requiring Procedure Codes, Facility • Services and Modifiers Not Reimbursable to Health care Professionals Policy, Professional • Split Surgical (Mods 54, 55, 56), Professional • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Testosterone Policy, Professional and Facility - RTM • Time Span Codes Policy, Professional • Vaccines For Children Policy, Professional • Vitamin B12 Testing Policy, Professional and Facility - RTM	

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements.

The complete library of UnitedHealthcare Community Plan Reimbursement Policies is available at **UHCprovider.com** > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan.